

# HOSPICE INTERDISCIPLINARY GROUP (IDG) MEETING NOTES

Primary Physician: \_\_\_\_\_ SOC Date: \_\_\_\_\_

IDG Meeting Date: \_\_\_\_\_ DNR: ☐ Yes ☐ No

Level of Care: ☐ Routine home care ☐ Respite ☐ Inpatient ☐ Continuous Activity: \_\_\_\_\_

Patient/Caregiver Participation: ☐ Care Plan reviewed with patient/caregiver  
☐ Patient/Caregiver present at IDG Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**OXYGEN:** \_\_\_\_\_ LPM PRN \_\_\_\_\_ LPM continuous ☐ N/A

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_

DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_

## MEDICATIONS:

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_

DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_

## PROBLEM (only check applicable issues)

### 1. ALTERATION IN PAIN/COMFORT/SAFETY: ☐ N/A

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_

DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_

### 2. POTENTIAL/ACTUAL ALTERATION IN CARDIOPULMONARY STATUS: ☐ N/A

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_

DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_

### 3. ALTERATION IN NUTRITION INCLUDING SKIN INTEGRITY AND/OR WOUND STATUS: ☐ N/A

☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_

DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_

PATIENT NAME - Last, First, Middle Initial

ID#

**4. ALTERATION IN ELIMINATION:**☐ N/A**URINARY:** ☐ Retention ☐ Dysuria ☐ Incontinence**BOWEL:** ☐ Diarrhea ☐ Constipation ☐ Incontinence☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**5. SELF CARE:**☐ Deficit/Mobility ☐ Bathing/Hygiene ☐ Dressing/Grooming ☐ Feeding ☐ Toileting☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**6. INEFFECTIVE COPING/IMPAIRED COMMUNICATION:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**7. GRIEVING, ANTICIPATORY:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**8. SPIRITUAL DISTRESS:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**9. OTHER:**☐ N/A☐ Care Plan Effective - Continue ☐ Change or New Needs ☐ Physician Order Received Date: \_\_\_\_\_DISCUSSION: ☐ Physician ☐ Nurse(s) ☐ Social Worker ☐ Spiritual Counselor ☐ Other \_\_\_\_\_**Anticipated visit frequency next 2 weeks**

SN \_\_\_\_\_ x Spiritual Counselor \_\_\_\_\_ x Volunteer \_\_\_\_\_ x Music \_\_\_\_\_ x Therapy (PT, OT or ST) \_\_\_\_\_ x

SW \_\_\_\_\_ x Aide \_\_\_\_\_ x Dietitian \_\_\_\_\_ x Massage \_\_\_\_\_ x Other \_\_\_\_\_

**IDG Attendees:**☐ RN \_\_\_\_\_ ☐ Volunteer \_\_\_\_\_☐ Therapist (PT, OT, ST, Music, Massage) \_\_\_\_\_ ☐ MSW \_\_\_\_\_☐ Medical Director \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Spiritual Counselor \_\_\_\_\_ ☐ Bereavement Counselor \_\_\_\_\_

PATIENT NAME - Last, First, Middle Initial

ID#